



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs and, generics (with the exception of amphetamine-dextroamphetamine, budesonide inhalation solution, buprenorphine products, carisoprodol products, dexamethylphenidate, diazepam rectal kit, levalbuterol inhalation solution, lidocaine topical patch, lindane, modafinil, omeprazole-sodium bicarbonate, tobramycin inhalation solution, trospium chloride and zafirlukast) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Accolate*	Lantus	Tamiflu [†]
Actos*	Lantus Solostar	Tobi*
Adderall XR*	Lidoderm*	Tobrex*
Aricept*	Menest	Ulesfia
Aricept ODT*	Mentax	Vyvanse
Asmanex	Nasonex	Xopenex Inhalation
Atrovent HFA	Niacor	Solution*
Bactroban Nasal	Nitro-Bid	Zovirax (cream only)
Beconase AQ	Nitrostat	
Bethkis	Oxytrol	
Blephamide	Pataday	
Blephamide S.O.P.	PegIntron	
Capex Shampoo	pHisoHex	
Cenestin	Prandin	
Cipro HC	Premarin (tabs only)	
Combivent RespiMat	ProAir HFA	
Daraprim	Proventil HFA	
Diastat*	Provigil*	
Diastat Acudial*	Pulmicort Flexhaler	
Dulera	Pulmicort Respules	
Elidel	QVAR	
Flovent Diskus	Relenza [†]	
Flovent HFA	Ritalin*	
Focalin*	Ritalin-SR*	
Focalin XR*	Sanctura*	
Glyset	Serevent Diskus	
Gris-Peg	Sklice	
Humalog	Spiriva	
Infergen	Strattera	
Intuniv	Symbicort	

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 10/01/2014